

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/831331	FILING DATE	
								APPLICANT(S)		
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/					51				
2		/				52				
3		/				53				
4		/				54				
5		/				55				
6		/				56				
7		/				57				
8		/				58				
9		/				59				
10		/				60				
11		/				61				
12	/					62				
13		/				63				
14			/			64				
15			(1)			65				
16			/			66				
17			/			67				
18			(12)			68				
19			/			69				
20			/			70				
21			/			71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	2					TOTAL IND.				
TOTAL DEP.	14					TOTAL DEP.				
TOTAL CLAIMS	16					TOTAL CLAIMS				